



FIRE PREVENTION PERMIT APPLICATION

INSP _____

Phone Number (912)651-6530 Fax Number (912)651-6975
Fire Marshal Office (912) 644-5960 or (912) 651- 6286, Fax (912) 525-1607

INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA
(Must be completed in ink, **PAYMENT ACCEPTED BY CHECK OR MONEY ORDER ONLY**)

I. PROJECT ADDRESS _____ **PIN #** _____

PROJECT NAME: _____ **SUBDIVISION:** _____

COMPLETE DESCRIPTION OF WORK: _____

Check all that apply: ☐ Sprinkler ☐ Alarm ☐ Fire Suppression System ☐ Underground Tank

CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ OTHER

VALUATION OF JOB: (INCLUDE LABOR/MATERIAL/PROFIT):\$ _____

II. WHO WILL BE RESPONSIBLE FOR THIS WORK? ☐ OWNER ☐ CONTRACTOR

NAME: _____ **CITY:** _____

COMPANY NAME: _____ **STATE:** _____ **ZIP:** _____

ADDRESS: _____ **TEL. NO.:** _____ **FAX NO.:** _____

IF CONTRACTOR IS RESPONSIBLE PLEASE SUPPLY OWNER'S NAME:

Owner's Name _____

III. I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

Licensed Contractor/Owner

Date

Phone # _____
Permit # _____
Project # _____

Master Permit # _____
Date Applied _____

FEE DUE \$ _____ **FEE PAID \$** _____ **CHECK #** _____